

Entered 6/1/98 - SB
CL 98L0380 - GWENDOLYN BURNS

99-*R*-1308

CLAIM OF: JULIE A. JACKSON
877 Monroe Circle, NE
Atlanta, Georgia 30308

For damages alleged to have been sustained
as a result of property damage on November
21, 1997 at 877 Monroe Circle.

THIS ADVERSED REPORT IS

APPROVED:


ROSALIND A. RUBENS
DEPUTY CITY ATTORNEY

ADVERSE REPORT

COM: *Public Safety & Legal Administration*
DATE: *8/10/98*

CHIEF, HCLD

8/31/99

9/14/99

9/28/99

10/26/99

11/9/99

11/29/99

12/14/99

1/11/00

2/1/00 5/20/00

2/15/00

2/29/00

3/14/00

3/28/00

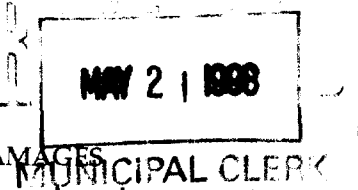
4/11/00

5/9/00

Hurd delivery

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES



Today's Date: 5/21/98

ENTERED - 6-1-98 SB
98L0380 - GWEN BURNS

BURNS
05/22/98
an

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2013.10 property and/or \$ _____ bodily injury for which I contend the City is liable. +undetermined for structural damage & market value depreciation

1. Date of incident: 11/21/97 (month/day/year) 2. Time of Incident: 7:00pm 3. Police called: X Yes No
4. Location of incident (including street address): 877 Monroe Circle, N.E. Atlanta
5. Name of your insurance company: State Farm - no flood insurance Policy No. 11-0N-5315-6
6. State what and how incident occurred: The City of Atlanta sewer at Midtown Promenade overflowed and caused extensive flooding of several homes, including my home at 877 Monroe Circle

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Saab 1996 92089 QF Mary Anne Ritter
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Terry and Stacy Dietzler 873 Monroe Circle NE (404) 874-0020
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

[Signature]
Signature of Claimant

99-R-1308

Julie A. Jackson

(Print Claimant's Name)

877 Monroe Circle NE

(Address)

Atlanta GA 30308

(City, State and Zip Code)

(770) 368-7583

(Work Number)

(404) 607-0895

(Home Number)

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0380

Date: July 23, 1999

Claimant /Victim JULIE A. JACKSON

BY: (Atty) (Ins. Co.) _____

Address: 877 Monroe Circle, NE, Atlanta, Georgia 30308

Subrogation: _____ Claim for Property damage \$ 2,013.10 Bodily Injury \$ _____

Date of Notice: 5/21/98 Method: Written, proper _____ Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 _____ Ante Litem (6 Mo.) _____

Date of Occurrence 11/21/97 Place: 877 Monroe Circle, NE

Department PUBLIC WORKS Bureau: Waste Water Services Division _____

Employee involved _____ Dept. Action Taken _____

NATURE OF CLAIM: The claimant alleges that she sustained property damage when storm drains from an adjacent property overflowed causing extensive flooding to claimant's home. However, the claim as presented does not comply with the requirements of notice as set forth in the O.C.G.A. §36-33-5. The six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

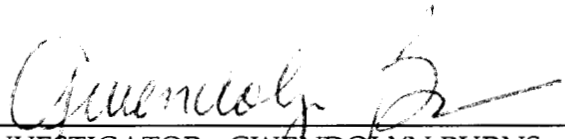
Improper Notice X More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 8-29-99

Committee Action: _____ Council Action _____